

**NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
RECORD OF REFUSAL TO ATTEND A
DEATHBED VISIT/FUNERAL FOR FAMILY MEMBER**

Photocopy locally as needed
Form-4206B (08/19)

_____ **CORRECTIONAL FACILITY**

**In accordance with DEPARTMENT DIRECTIVE #4206
“NOTIFICATION OF DEATH OR GRAVE ILLNESS OF INCARCERATED
INDIVIDUAL FAMILY MEMBER”**

After careful consideration, I have decided not to attend the deathbed/funeral of my family
member _____.
(Name)

Incarcerated Individual's Name and DIN (Print)

Incarcerated Individual's Signature/ date

Staff Name and Title: (Print)

Staff Signature

Date